

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1			1		
3						
4					1	
5					1	
6					1	
7					1	
8	1		1			
9	1		1			
10		1		1		
11	2			2		
12	2			2		
13	2			2		
14	2			2		
15	1					
16	1					
17	1					
18	1					
19						
20						
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
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36	1			1		
37	1			1		
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47						
48						
49						
50						
TOTAL IND.	10		10			
TOTAL DEP.	31	→	31	→		
TOTAL CLAIMS	41	→	41	→		

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

10.31.06